INVOICE FOR PROVISIONAL FIRE CERTIFICATE OF OCCUPANCY

For 1-family and 2-family dwellings not occupied by owner

PLEASE LIST ADDITIONAL ADDRESSES ON THE REVERSE SIDE OF THIS PAGE.

Return this entire page with your payment.

| Property Address: | | Number of units (circle): 1 2 |
|--|-------------------------------|---|
| Additional addresses, pleas | e note, (1) or (2) units in d | welling. |
| Owner Name(s): | Mailing Address | of Owner: |
| Telephone number(s): | | Circle: Home Work Cell Fax |
| | | Home Work Cell Fax Home Work Cell Fax |
| Mail to: Fire Inspections, Come 8 Fourth Street, Suite 2 St. Paul, MN 55101-10 Cash** Cash** Check* * Make Cash** | 200 024 | Total Amount Due: (Add \$50 for each additional dwelling.) f St. Paul Payment Amount |
| IF PAYING BY CREDIT CARD If paying by credit card, you may You must sign and date this for | y fax this invoice to: | IE FOLLOWING INFORMATION: 651-266-9124 |
| American Express | Discover Mas | sterCard Visa |
| Expiration: Ac | count Number: | |
| | | |
| Print name as it ap | pears on credit card | |
| Cardholder Signature | | Date |